

Drug Awareness Program
Community Service Requirement
Certificate of Completion Form

1. Youth Information

- Full Name of Youth (Please print): _____
- Address of Youth _____

2. Community Service Information

Date that Community Service was provided	Name and address of agency/organization where Community Service was provided	Printed name and phone number of Supervisor	Signature of Supervisor	Total # of Community Service hours

3. Youth Declaration

I declare, under penalties of perjury, I have completed the total hours of community service listed above.

Signature of Youth

Date

4. Notification: The youth must provide this information to the appropriate court, **and** send a copy to:

The MA Executive Office of Health and Human Services, c/o Community Service
One Ashburton Place, 11th Floor, Boston, MA 02108

[Form Template Approved 5 18 09]